

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>		THIS RFQ <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE 1 OF 12 PAGES
1. REQUEST NO. N00173-14-Q-0111	2. DATE ISSUED 01/28/2014	3. REQUISITION/PURCHASE REQUEST NO. 53-2013-14	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY Supply Officer (Code 3410) NRL Washington DC 20375-5329			6. DELIVER BY (Date) 04/01/2014	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME Kimala Winfield		TELEPHONE NUMBER AREA CODE 202 NUMBER 767-2819		9. DESTINATION
8. TO:			a. NAME OF CONSIGNEE Naval Research Laboratory	
a. NAME All Quoters		b. COMPANY		b. STREET ADDRESS 4555 Overlook Ave SW
c. STREET ADDRESS			c. CITY Washington	
d. CITY		e. STATE	f. ZIP CODE	d. STATE DC
				e. ZIP CODE 20375
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 02/07/2014		IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.		

11. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See attached continuation sheet				
12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER PERCENTAGE

NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.		15. DATE OF QUOTATION	
13. NAME AND ADDRESS OF QUOTER		14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	
a. NAME OF QUOTER		16. SIGNER	
b. STREET ADDRESS		a. NAME (Type or print)	b. TELEPHONE
c. COUNTY			AREA CODE
d. CITY	e. STATE	f. ZIP CODE	NUMBER
		c. TITLE (Type or print)	

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101		<b>CONTINUATION SHEET</b>		REF. NO. OF DOC. BEING CONT'D N00173-14-Q-0111		PAGE OF 2 12	
NAME OF OFFEROR CONTRACTOR							
All Quoters							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
0001	RAID Hard Disks 9900GB 10K 2.5"; ST9900805SS SAS 2 SFF 10K, 10 pack Part #: ST9900805SS 10 PACK  ITEMS MUST BE BRAND NAME OR EQUAL.  If available please include a published price list or a cost breakdown and return the RFQ package by email to the contracting officer; Kimala Winfield at kimala.winfield@nrl.navy.mil  Any questions concerning this Request for Quotation (RFQ) must be e-mailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of RFQ.	7	ea				